POWER OF ATTORNEY

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OR	First Named Inventor		A. Wade Cohn		
REVOCATION OF POWER OF ATTORNEY			CROSS-CHANNEL COMMUNICATION OF DATA COLLECTED		
WITH A NEW POWER OF ATTORNEY	Title				
AND	Art Unit		2164		
CHANGE OF CORRESPONDENCE ADDRESS	Examiner Name		Rasha S. Al Aubardi		
	Attorney Docket Number		804132-1(MTV0013US)		
I hereby revoke all previous powers of attorney given in	n the above-iden	ntified appli	ication.		
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I am the:					
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Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitte	ed herewith or filed o	3/5/2004 on	,	*	
SIGNATURE of Appli	cant or Assignee o	f Record			
Signature Premul Murana		Date		12/10/2008	
Name Gregory J. Mulgia		Telepho	one	+1 (908) 582-7109	
Title and Company Corporate Counsel, Authorized Representative of M	otive, Inc.				
NOTE. Signatures of all the inventors or assignees of record of the entire inte signature is required, see below.	erest or their represent	ative(s) are rec	quired. Submit	multiple forms if more tha	n one
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Application Number

Filing Date

This collection of information is required by 37 CPR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by LSPT) to process an application. Conformality is governed by \$5 U.S. C. 12 and 37 CPR 1.11 and 1.11. This collection is estimated to late 3 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form androit or suggestions for reducing this burden, should be sent to the Chief Information Critical Post Peters and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Mexandria, VA. 2231-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissionor for Pationst. P.O. Box 1450, Mexandria, VA. 2231-31450.